Letter from Westminster

"Abolish private practice, nationalise the drug industry"

WILLIAM RUSSELL

The part of Mrs Barbara Castle's recently published diaries that most readers skipped over must have been the detailed account of her struggle with the medical profession when she was at the DHSS. Who, the critics wondered, could possibly want to learn about such esoteric battles fought so long ago. Well, judging by the leftward lurch—on health as on everything else—at this year's Labour Party conference, the profession could do worse than invest in a copy and refresh its memory. As for the present Labour leaders, Mrs Castle's blow by blow account of the profession's intransigence would make useful bedtime reading as an excellent guide to the "enemy." The conference overwhelmingly endorsed a resolution by the Confederation of Health Service Employees calling for the complete abolition of pay beds, all private medicine, and charges and the nationalisation of the pharmaceutical industry.

The moderates, like Mr Roland Moyle, the shadow Health Minister, can probably learn to live with the resolution—at least in part. And so far as some of its wilder pledges are concerned—like the abolition of all private medicine—the sheer impracticability of carrying them out will rescue them in the end. As one moderate pointed out, after 60 years of communism not even the Soviet Union has managed to abolish its private sector.

The tone of the conference was caught by Mrs Renée Short, MP for Wolverhampton North East and the National Executive Committee's health spokesperson. Accepting the COHSE motion, she told the delegates: "The present draft manifesto says we will separate private practice from NHS hospitals within the lifetime of the next Parliament and ensure that private hospital developments do not expand to an extent that will damage the interest of NHS patients. That is a minimum commitment. In my view it is an inadequate commitment. It must be extended." One way she would do that, she declared, would be by ensuring that Britain's private hospitals were "integrated" into the NHS.

Mrs Short has still to work out the implications of her promise, and was not at all clear, when asked, whether she was threatening nationalisation without compensation. She did, however, tell me that the NHS would not be in any position to pay large amounts in compensation, and refused to contemplate any struggle with the medical profession over the implementation of the new health policy. "I hope they will help us on this," she said. "I think they want to see a good NHS. I have found the profession most helpful and constructive and I do not intend to assume it will be hostile." She also argued that it was a different ball game from the one with which Mrs Castle had been concerned. What she hopes to achieve are conditions inside the NHS so good that private medicine will not be as attractive as it is at present for doctors, nurses, and many potential patients. The NEC's social policy committee are currently working on the contents of a discussion document setting out plans to achieve this which will be presented to next year's conference.

Mr Moyle reckons that there is nothing wrong with the implied threat of no compensation, since it might deter some potential purchasers and vendors, but concedes that in practice

it would probably be paid. As for which hospitals would be taken back, it would depend on whether they would fill a gap in local provision by the public sector. He would let private medicine survive, provided it was wholly private outside the NHS. He was not called to speak in the health debate, which, even by the standards of this conference, was rather brief and scrappy.

Had he been, Mr Moyle said, he would have seized the chance to draw attention to what he considers to be the most important document on the state of Britain's medical services published in a long time—the report by Sir Douglas Black, president of the Royal College of Physicians (20 September, p 762). He told me he would have urged the party to make the report one of Labour's policy-making handbooks. "We should produce policies for our next government which would be aimed at solving the problems of different standards of health care for different social classes in the community," he added. The report provided the material on which to build. Mr Moyle was critical of the underhand way in which the DHSS had chosen to issue the report—at one time the Department planned to publish it at midnight—but sees its contents as providing Labour with powerful ammunition to use against the Government.

Ritual bashing of doctors

From the floor of the conference the medical profession came in for some ritual bashing. Ms Christine Hickey (Harlow Labour Party) argued that the Black report should be compulsory reading for all doctors and every member of a future Labour Government. Her real interest, however, was to warn the conference that the strongest opponents of the changes the party wanted to make would be the profession. "They will be our fiercest adversaries," she claimed, calling for an end to private practice. "The members of the profession who practise private medicine are the Trojan horse of capital within the NHS. The Labour Party must be prepared to confront them and their defence of the principle of private practice." Another delegate was bitterly critical of the Government's fund-raising policies for the NHS. "We have to rely on Jimmy Saville to keep Stoke Mandeville open," he said. "I think that is damned disgusting."

As for COHSE, Mr David Williams, assistant general secretary, claimed that the Government's master plan was to starve the NHS of resources and confidence so that it could no longer cope with the demands made on it. The result would be that people would turn to private medicine. The use by the trade unions of private health schemes was also attacked. Mr Williams accused them of giving, in exchange for short-term advantages for their members, respectability to the policies of "the most right-wing Tory government Britain has seen since the war." Mrs Short certainly reported the message of the Black report to the conference—that, in spite of the NHS, in spite of the improvements in the social services, the relative difference in health between the professional classes and unskilled workers had actually deteriorated.

But the conference was much more interested in the old, old story—abolish pay beds, nationalise the drug industry, end all private practice. In the end the next Labour Government may prove not to be set on a collision course with the profession, but the signs are all there.